

Practice! Answers



#1 Practice!

3. The ones listed in the module are: Memory (Poor memory or just unaware of what they eat), Flat Slope Syndrome (natural tendency to over and underestimate amount of foods eaten), Deference (tells what they think they should have eaten), Motivation, Absence. There is probably a long list of other reasons that would make acceptable answers.

#2 Practice!

1.

Food Item	Food Group	Food Item	Food Group
Pickle	<i>other</i>	Buttermilk	<i>dairy</i>
Yogurt	<i>dairy</i>	Mashed Potatoes	<i>fruit & vegetable</i>
Peanut Butter	<i>meat/meat alt</i>	Green Pepper	<i>fruit & vegetable, C</i>
Tortilla	<i>bread & cereals</i>	Strawberry Jelly	<i>other</i>
Pancake	<i>bread & cereals</i>	Apricot	<i>fruit & vegetable, A</i>
Cantaloupe	<i>fruit & vegetable, A, C</i>	Spaghetti Noodles	<i>bread & cereals</i>
Broccoli	<i>fruit & vegetable, A, C</i>	Egg	<i>meat/meat alt</i>
Sweet Potato	<i>fruit & vegetable, A</i>	Cottage Cheese	<i>dairy</i>
Rice	<i>bread & cereals</i>	Cream Cheese	<i>other</i>
Avocado	<i>fruit & vegetable</i>	Sunflower Seeds	<i>meat/meat alt</i>
Green Beans	<i>fruit & vegetable</i>	Kidney Beans	<i>meat/meat/alt</i>
Sausage	<i>other</i>	Popped Corn	<i>bread & cereals</i>

2. *Bright orange or dark green*

3.

 a Food group that is a good source of calcium.

 d Food group that contains vitamin C.

 c & d Food groups that can be good sources of fiber (2).

 b Food group that contains tofu.

 e Food group that contains bacon.

 b & c Food groups that are good sources of iron (2).

#3 Practice!

1.

Food	Food Group	Number of Servings	
		Woman	Child
2 eggs	Meat/Meat Alternative	1	2
1 cup cooked cereal	Bread/Cereal	2	4
3/4 cup cooked green beans	Fruit/Vegetable	1 ½	3
2 pancakes (5")	Bread/Cereal	2	4
1/4 cup tuna salad	Meat/Meat Alternative	½	1
2 tablespoons peanut butter	Meat/Meat Alternative	½	1
1 ounce natural cheese	Dairy	¾	1 ¼
1 ½ cup orange juice	Fruit/Vegetable, Vit C	2	3

#4 Practice!

1.

Food Item	D	M	B/ C	F/V	A	C
Chili with beef (1 cup)(child)		4		2		
Bean Burrito with Green Chili Sauce (1 burrito)(adult)		0.5	1	0.5		0.5
Chicken McNuggets (½ serving)(child)		1.5	1			
Spaghetti with meat sauce (¾ cup)(child)		0.5	2	1		
Cheese pizza (1/8 medium)(2 slices)(adult)	1		4	1		
Bean taco (1 taco)(child)	1	1	2	1.5	1	

#5 Practice!

1.

COLORADO WIC PROGRAM 24-HOUR FOOD RECALL

Exercise #1

Pregnant
Adult

Date

NAME

AGE

DAY/DATE

Please write down everything you (or your child) eat or drink on a typical day. If yesterday was a typical day, you may write down those foods. Begin with the first thing eaten after getting up until the last thing eaten before bed time. If you or your child get up and eat or drink during the night or eat or drink anything between meals, please list those foods too. Tell us as much as you can about how the foods were prepared (baked, fried, raw, etc.) and how much you eat in cups, teaspoons, or ounces.

FOOD OR DRINK			FOR STAFF USE ONLY						
TIME	EATEN	AMOUNT	Dairy Prod.	Meat/Meat Alt.	Bread/Cereal	Fruit/Vegs	Vit. A	Vit. C	Other
6:00	Oatmeal (1/2 cup) with milk (1/4 cup) + Sugar		1/4		1				1
	banana					1			
2:00	Sandwich with tuna salad (2 slices bread 1/2 cup tuna salad)			1	2				
	lettuce salad with 1 medium tomato (1 cup lettuce)					2			
	Salad dressing	1/4 cup							1
	1 glass milk	12 ounces	1 1/2						
3:00	Cheddar cheese	1 1/2 ounce	1						
	crackers	10			2				
6:20	Spaghetti with meat sauce	3 cups		1	4	2			
	Pepsi	12oz can							1
	garlic bread	1 slice			1				
9:00	ice cream	3/4 cup	1/2						
Total Servings Eaten			3 1/4	2	10	5	0	0	3
Suggested Servings Needed			4	3	6	5	1	1	
Adequate (A) or Inadequate (I)			I	I	A	A	I	A	

Assessed by: Signature + Date (Staff)

WIC #425 (rev. 5/96)

#5 Practice! (cont.)

2.

COLORADO WIC PROGRAM 24-HOUR FOOD RECALL

Exercise #2 3 years old Date
NAME AGE DAY/DATE

Please write down everything you (or your child) eat or drink on a typical day. If yesterday was a typical day, you may write down those foods. Begin with the first thing eaten after getting up until the last thing eaten before bed time. If you or your child get up and eat or drink during the night or eat or drink anything between meals, please list those foods too. Tell us as much as you can about how the foods were prepared (baked, fried, raw, etc.) and how much you eat in cups, teaspoons, or ounces.

FOOD OR DRINK			FOR STAFF USE ONLY						
TIME	EATEN	AMOUNT	Dairy Prod.	Meat/ Meat Alt.	Bread/ Cereal	Fruits/ Veggies	Vit. A	Vit. C	Other
7:30	rice krispies	1/2 cup			1				
	milk on cereal	1/4 cup	1/2						
	toast with margarine + jelly	1/2 slice			1				1
10:00	animal crackers	5			1				
	milk	1/2 cup	1						
12:30	Sandwich (1/2)	1 slice bread 1/4 cup tuna salad		1	2				
	grape juice (seneca)	1/2 cup				1		1	
	potato chips	6 chips							1
4:00	apple	1/2 medium				1			
7:00	macaroni & cheese	1 1/2 cups	2		4				
	hot dog (no bun)	1		1					
	Fruit Punch	1/2 cup							1
Total Servings Eaten			3 1/2	2	9	2	0	1	3
Suggested Servings Needed			6	2	6	5	1	1	
Adequate (A) or Inadequate (I)			I	A	A	I	I	A	

Assessed by: Signature - Date (Staff) WIC #425 (rev. 5/96)

#5 Practice! (cont.)

3.

Name Exercise #3 Pregnant Adult Date Date

What Did You Eat Yesterday?

Instructions: For each group of foods listed below write the number of times you ate the foods yesterday. If you did not eat any foods in a group put a "0" in the column.

Type of Food	Number of Times Eaten	WIC Use Only
MILK: whole, 2%, 1%, skim, flavored <u>1 cup</u>	<u>2</u>	<u>3</u>
CHEESE, COTTAGE CHEESE, PIZZA, MACARONI & CHEESE		
MILK BASED SOUPS, ICE CREAM, YOGURT, PUDDING	<u>1</u>	
MEAT, POULTRY, FISH: hamburger, roast beef, steak, pork chops, ham, chicken, turkey, tuna fish, stew, casserole with meat or fish, burrito	<u>1</u>	<u>2</u>
LUNCHEON MEATS, HOT DOGS, SAUSAGE	<u>1</u>	
EGGS		
DRY BEANS, PEAS, LENTILS, PEANUT BUTTER, TOFU, NUTS		
CEREAL: hot or cold	<u>1</u>	<u>4</u>
RICE, NOODLES, PASTA, MACARONI, MACARONI & CHEESE, SPAGHETTI	<u>1</u>	
SANDWICH, BREAD, TOAST, ROLLS, BAGELS, TORTILLAS	<u>2</u>	
PANCAKES, WAFFLES, PIZZA, CRACKERS, BISCUITS, POPCORN		
VITAMIN A FRUITS AND VEGETABLES: apricots, broccoli, cantaloupe, carrots, red chili, collards or kale (greens), mango, pumpkin, spinach, sweet potato, winter squash		
VITAMIN C FRUITS AND VEGETABLES: broccoli, Brussels sprouts, cantaloupe, green chile, grapefruit, orange, green pepper, strawberries		<u>1</u>
JUICE: orange, grapefruit, tomato or other juices	<u>1</u>	
OTHER FRUITS AND VEGETABLES: including potatoes, tomatoes, corn, salads, bananas, apples, and any other fruits or vegetables not listed above	<u>2</u>	<u>2</u>
OTHER DRINKS: Soda pop, coffee, tea, Kool-aid, fruit drink, sports drinks	<u>2</u>	<u>2</u>
ALCOHOLIC BEVERAGES: beer, wine, mixed drinks		
Potato chips, corn chips, pretzels	<u>1</u>	<u>1</u>
Candy, cake, cookies, donuts, poptarts		
List any other foods eaten which were not listed above: <u>2 Beef Enchiladas with Green Sauce (2 B/C, 2 meat, 1 F/V, 1 vit C)</u>		

#5 Practice! (cont.)

4.

Child's Name Exercise #4 4 year old child Date DATE

What Did Your Child Eat Yesterday?

Instructions: For each group of foods listed below write the number of times your child ate those foods yesterday. If your child did not eat any foods in a group put a "0" in the column.

Type of Food	Number of Times Eaten	WIC Use Only
MILK: whole, 2%, 1%, skim, flavored <u>3/4 cup</u>	2	4
CHEESE, COTTAGE CHEESE, PIZZA, MACARONI & CHEESE		
ICE CREAM, YOGURT, PUDDING, MILK BASED SOUPS	1	
MEAT, POULTRY, FISH: hamburger, roast beef, steak, pork chops, ham, chicken, turkey, tuna fish, stew, casserole with meat or fish, burrito		2
LUNCHEON MEATS, HOT DOGS, SAUSAGE	1	
EGGS		
DRY BEANS, PEAS, LENTILS, PEANUT BUTTER, TOFU	1	
CEREAL: hot or cold	1	5
RICE, NOODLES, PASTA, MACARONI, MACARONI & CHEESE, SPAGHETTI	1	
SANDWICH, BREAD, TOAST, ROLLS, BAGELS, TORTILLAS	1	
PANCAKES, WAFFLES, PIZZA, CRACKERS, BISCUITS, POPCORN	2	
VITAMIN A FRUITS AND VEGETABLES: apricots, broccoli, cantaloupe, carrots, red chili, collards or kale (greens), mango, pumpkin, spinach, sweet potato, winter squash	1	1
VITAMIN C FRUITS AND VEGETABLES: broccoli, Brussels sprouts, cantaloupe, green chile, grapefruit, orange, green/red pepper, strawberries		1
JUICE: orange, grapefruit, tomato, or other juices	1	
OTHER FRUITS AND VEGETABLES: including potatoes, tomatoes, corn, salads, bananas, apples, and any other fruits or vegetables not listed above	2	2
OTHER DRINKS: soda pop, Kool-aid, fruit flavored drinks, tea, sports drinks	2	2
Potato chips, corn chips, pretzels		
Candy, cake, cookies, donuts, poptarts	1	1
List any other foods eaten which were not listed above: <u>CINNAMON COATED RAISINS (1/2 cup) (4 fruit)</u>		

5. #1. CA 3 Pro 2 B/C 10
 T F/V 5 A 0 C 0
- #2. CA 3 Pro 2 B/C 9
 T F/V 2 A 0 C 1
- #3. CA 3 Pro 4 B/C 6
 T F/V 4 A 0 C 2
- #4. CA 4 Pro 2 B/C 5
 T F/V 8 A 1 C 1

6 a & b

FOOD OR DRINK			FOR STAFF USE ONLY						
TIME	EATEN	AMOUNT	Dairy Prod.	Meat/Meat Alt.	Bread/Cereal	Fruits/Vegs	Vit. A	Vit. C	Other
8:00	Banana	1 medium				1			
	Orange juice	6 ounces				1		1	
12:00	Lettuce (raw)	1 cup				1			
5:00	Canned corn	1/2 cup				1			
Total Servings Eaten						4	0	1	
Suggested Servings Needed			4	3	6	5	1	1	
Adequate (A) or Inadequate (I)						I	I	A	

FOOD OR DRINK			FOR STAFF USE ONLY						
TIME	EATEN	AMOUNT	Dairy Prod.	Meat/Meat Alt.	Bread/Cereal	Fruits/Vegs	Vit. A	Vit. C	Other
8:00	Cantaloupe cubes	1/4 cup				1	1	1	
10:00	grape juice (w/ice)	1/2 cup				1		1	
5:00	Cooked carrots	1/2 cup				2	2		
	peach (medium)	1/2				1			
Total Servings Eaten						5	3	2	
Suggested Servings Needed			6	3	8	5	1	1	
Adequate (A) or Inadequate (I)						A	A	A	

7.

Type of Food	Number of Times Eaten	WIC Use Only
VITAMIN A FRUITS AND VEGETABLES: apricots, broccoli, cantaloupe, carrots, red chili, collards or kale (greens), mango, pumpkin, spinach, sweet potato, winter squash	0	0
VITAMIN C FRUITS AND VEGETABLES: broccoli, Brussels sprouts, cantaloupe, green chile, grapefruit, orange, green pepper, strawberries	1	2
JUICE: orange, grapefruit, tomato or other juices	1	
OTHER FRUITS AND VEGETABLES: including potatoes, tomatoes, corn, salads, bananas, apples, and any other fruits or vegetables not listed above	2	2

T F/V = 4

A = 0

C = 2

#6 Practice!

Any of the following are acceptable:

- #12. Does your child drink from a bottle? (If the child is older than 14 months the bottle may be used as a pacifier, may indicate that the child is not drinking from a cup and learning appropriate eating skills, child may be taking the bottle to bed, child may be drinking bottle instead of eating food)
- #13. Does your child feed her/himself? (Could indicate that the child is not developing appropriate eating skills, that the parents may be overly protective of the child and does not let the child eat on their own)
- #15. How much of the following drinks does your child have each day? (A child who gets too many liquids is not as likely to eat a good diet because they fill up on liquids, child may graze all day on liquids and not eat meals)
- #16. Does your child drink from a cup? (Could indicate that the child is not developing appropriate eating skills, that the child is not allowed to eat on their own)
- #17. Does your child use a spoon? (Could indicate that the child is not developing appropriate eating skills, is not allowed to eat on their own and make their own food choices)
- #18. Does your child eat baby or strained food? (This tells you a great deal about how a child eats even though it is asking what a child eats. The child is being overly protected and is not developing appropriate eating skills)
- #19. How many snacks does your child eat each day? (Gives an idea of the child's access to food and indicates meal/ snack patterns in the home)
- #20. How many meals does your child eat each day? (Tells whether a child is developing good food habits and indicates meal/snack pattern in the home)
- #22. Generally, how would you rate your child's appetite? (A poor appetite is an indication of potential food problems)
- #25. Do you have any questions about: picky eaters, snacks, what foods are best, eating vegetables? (These questions may give clues that there are problems associated with eating or that a mother is concerned because something doesn't seem to be working correctly)

#6 Practice (cont.)

- #27. Do you have refrigeration? Running water? A way to cook?(this tells something about food availability which could impact food choices)

#7 Practice

Possible answers might include:

1. "I will limit the amount of juice I offer my child each day" (3 yo child)
"I will offer juice to my child only 1 time a day in the afternoon"
"I will offer my child water to drink in the afternoon instead of juice"
"I will offer milk to my child at lunch and supper instead of juice"
2. "I will eat more food each day" (pregnant woman who is not gaining enough weight)
"I will eat 3 snacks each day"
"I will eat at least one serving of bread and fruit at each snack time even when I am not hungry"
"I will drink whole milk at meals instead of skim milk"
"I will drink a half glass of milk at each meal"

3. "I will make my child drink more milk each day" (4 yo child)
"I will offer my child a small glass of milk each night with dinner"
"I will limit my child to 6 ounces of juice per day and offer milk at meals"
"I will offer my child graham crackers and 4 ounces of milk as an afternoon snack each day"

(Note: Behavioral goals never "make" anybody do anything. "Making" a child drink milk is rarely successful and does not promote good food habits)

4. "I will follow the Food Guide Pyramid" (breastfeeding woman)
"I will eat one serving of vegetables at dinner each day"
"I will take raw vegetables to work each day to have as a snack"
"I will drink a glass of milk with my lunch each day instead of drinking a soda."
"I will make dinner each week night instead of just grazing for dinner"

(Note: As a goal "following the Food Guide Pyramid may seem good, but it is much too broad. Small changes are more likely to be accomplished. Each visit goals can be set to get closer to "following the Food Guide Pyramid".)